# TO DEPUT REDICAL EX NNER: This certificate should be executed within 24 hours after that. If any delinectary, please execute the certificate, high the ward "pending" in pencil in Item, 18. Give Pages 1, and 3 to the fill directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremotian, or removal, and in any eyent within 72 hours after deoth.

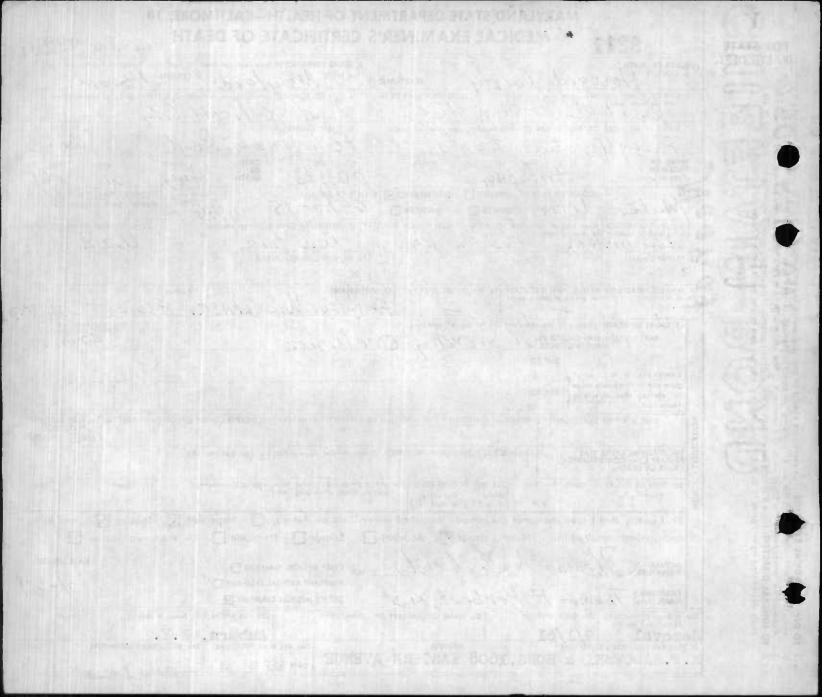
FOR STATE HEALTH DEPT.



VS. AISME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9211 Reg. Dist. No. 1192111

	PLACE OF DEATH, o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider	ce before admission)
	Howard County MARYLAND	o. STATE Many and b. COUNTY HO	- end
	b. CITY OR TOWN (It outside corporate limits, write RUPAL ond ging nearest town)	c. CITY OR TOWN (If outside corporale limits, write RURAL and	give nearest town)
	Ryral ELLICOTTCity / 6gm.	Kural, Ellicott (ity)	
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
_	HOLLY Quarters ROAD	tolly quartor Koed.	YES NO
	NAME OF DECEASED (Type or print)  Anthony  Middle	BUSZTa OF DEATH Aug.	B/ 196/
5. 1	SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED \$ 8.		YEAR IF UNDER 24 HRS. Days Hours Min.
100	du. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR' during most of working life. Even if retired)  FM / ARY	11. BIRTHPLACE (State or foreign country) 12. CITIZ  NEW YORK  4.	EN OF WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	2	2	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI	FORMANT Address	
	FR	RUFUS WICELONSKI ELLIC	OTT CITY M
	18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c). ]	/ ~	INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTONOTS CO	C/4910n	5min,
	410 DUE TO		
	Canditions, if any, which) (b)		
	gave rise to immediate cause (a), stating the underlying (DUE TO		
	couse lost. (c).		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC		fer nature of injury in Part I or Part II of ilem 18.)	
MEDICAL	20c. TIME OF INJURY   Month, Doy, Yeor   20d. INJURY OCCURRED   20e. PLACI   Focior   20d. INJURY OCCURRED   20e. PLACI   Focior   20d. INJURY OCCURRED   20e. PLACI   20d. INJURY OCCURRED   20e. PLACI   20d. INJURY OCCURRED   2	E OF INJURY (Home, form, 20f. (City or town) (Courty, street, office bldg., etc.)	nly) (Stote)
	21. I certify that I took charge of the remains described abov	e, held an Autopsy 🔲, Inspection 🗷 Inquir	ond in my
	opinion death resulted from: Natural couses . Accident	, Suicide , Homicide , Undetermined m	anner 🗌
	7/ 97/1		DATE (10)157
	SIGNATURE Kosus & Herbert,	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	= 1/ / /	ASSISTANT MEDICAL EXAMINER	8-31-67
	NAME (Type) / homes F. Herbert, M.D.	DEPUTY MEDICAL EXAMINER	0 -1 01
22	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county)	(State)
R	Removal 9/1/61	Auburn, N.Y.	
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TO BE CADOLICET R. COMO 1808 DACTED N. AT	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
IM	I.F.SADOWSKI & SONS, 1808 EASTERN AT	ENUE DATE SEP 5 '61 Outland &	<i>H</i> .
Berton			/ CLOUDE



9212

Reg. Dist. No. 119202

within 24 h ofter death. Page 4		tely filled in by the funeral director,	Pages 1 and 2 shauld be filed with	. (
at the death certificate be ex		y the attending physician and cample	Then please remave carban papers.	event within 72 haurs after death.
PHYSICIAN: The law requires that the death certificate be extra within 24 h. pafer death. Page 4	nospiral ar attending physician.	After this certificate has been signed by the attending physician and campletely filled in by the funeral directar,	ed far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	ial, crematian, ar remayal, and in any event within 72 haurs after death.

HOSPITA OR ATTEND	TO FUNERAL DIRECTOR: After this	page 3 shauld be detached far us	the registrar prior ta burial, crema		
10 H	10 F	bad	the	0	
15N	A15 (	4) B	-	W	L

). PLACE OF DEATH o. COUNTY HOWARD	MARYLAND	2. USUAL RESIDENCE (WHO STATE Mary 1	here deceased lived. If institut b. COUNTY		
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	200	outside corporate limits, write l		
Rural* Florence  d. NAME OF HOSPITAL (If not in hospitol, give street or institution RFD # 2, Woodbine	Years	d. STREET ADDRESS	- Florence 2. Woodbine		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Vernon	Middle E	lost lost	4. DATE Mai	nth	Day Year
5. SEX 6. COLOR OR RACE 7. MARR White WIDOWE	IED NEVER MARRIED	B. DATE OF BIRTH	220 30		EAR IF UNDER 24 HRS.
10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Carpenter  13. FATHER'S NAME  Oath Duvall	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stafe Floren 14. MOTHER'S MAIDEN 1	or fareign caunity)  CO Md	12. CITIZEN	OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	social security no. III	MEMMA H	Add		MA
DUE TO	Acute Corons	lial infarc	tion		Plew see
PART II. OTHER SIGNIFICANT CONDITIONS C  Old rheumatic mitra  200. ACCIDENT WAS LINDERLYING II. 200. DESC		ion since	childhood	/EN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. It Haur a. m. While	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form tory, street, affice bldg., etc.	n, 20f. (City ar tawn)	{Caun	nty) (State)
21. I certify that I attended the decease alive an Aug 28, 19  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) G. F. MEADORS.	ed fram. Jan 10 61, and that death	accurred db:30A		ad an the do	
22a. BURIAL, CREMATION, REMOVAL (Specify) BUR181 8/31/61	Jennings (	Chanel	22d. LOCATION (City, town, Florence	Md.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	Damascus,		4	STRAR'S SIGNA	

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VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9213 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Re-	sidence before admission)
e. COUNTY	a. STATE b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c, CIT OR TOWN (If outside corporete limits, write RURAL and	
write RURAL end give neerest town)		g146 11601831 10 W 11,
North Laurel 2 yes	X N, Laurel	
d. NAMPOSPIAL CRUNS TITLE ON (if for in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Laurel General Hospital	Valencia Motel	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Dey Yeer
(Type or print) FIRM HEYNDY HITTEDD AND	OF DEATH Assessed 20	19678
EDUTA DEWLI HITTERIAND	B. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 Y	
7. MARKIED IN NEVER MARKIED	last birthdey) Manual D	Hours Min.
Male white widowed Divorced	28 June 1897 64 yrs. Months	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?
Motel Clerk Motel	Blue Moulnd, Illinois U.	C A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	S. A.
	unknown	
unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.		
(Yes, no, or unknown) (Ifvestive were reletes of service)		
no 501 07 5568 Mr	s. Edna P. Hillebrand Laurel, Man	ryland
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic C	ardivascular Disease	
11221	ar ar ascarst presse	unknown
4221 DUE TO		
Conditions, if eny, which gave rise to immediate cause (b)		
(e), steting the underlying DUE TO		
ceuse last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
Ill car, duodenum with repeated hamany	Some bloods among	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  Ulcer, duodenum, with repeated hemory  20s. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Peril I or Peril I of Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		1 (6.1.)
	ACE OF INJURY (Home, farm, 2Df. (City or town) (Count tory, street, office bldg., etc.)	y) (Stete)
p.m. 19 et work et work		
21. I certify that (I) (this hospital) attended the deceased from.	I January 1967 to 22 August 187	that (I) (we) last
saw the deceased alive on July 22, 1961, and tha	t death occured at 10 M, from the causes and on th	e date stated above
22e. SIGNATURE		22b. DATE
220. SIGNATURE	A.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22 August 196
		EL MURUBO TAN
22c. PHYSICIAN'S NAME Hype I Pichand Compton II	22d. ADDRESS	
NAME (Type) J. Richard Compton, M. D.	612 Min Street, Laurel, Md.	
23e. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Steta)
Burial August 26, 1961 Michigan Co	emetery Michigan, North Dak	ota
24 FUNEFAL DIRECTOR'S SIGNATURE)  ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S S	CACATURE
	AUG 25 OI	7 VANCE
NeWill Vanaldian Paul	uf MODATE	

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. Bionard Complement L. L. Bionard Company Company

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VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13204

	1. PLACE OF DEATH a. COUNTY Howa		MARYLAND	a. STATE Na aryl	- b colls	Institution: Residence before admission) TY Howard
	b. CITY OR TOWN (if outside write RURAL and give new Savage Md	e corporete limits, earest town)	c. LENGTH OF STAY IN 1b		f outside corporete limits, write age <sup>M</sup> d	e RURAL and give nearest town)
	d. NAME OF HOSPITAL OR Guilford Ros		ospitel, give streef eddress)	d. STREET ADDRESS Guilf	ord Road	e. IS RESIDENCE ON A FARM? YES NO
9	3. NAME OF DECEASED (Type or print)	First George	Loy	Ickes	4. DATE Month OF DEATH Augus	
			RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Feb 22, 188	- Jast hirthday	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	10e. USUAL OCCUPATION (G done during most of working li	tive kind of work (e, even if retired) U	S Government	Pennsy		U S A
1	13. FATHER'S NAME	Unknown		14. MOTHER'S MAIDEN	Unknown	
/	15. WAS DECEASED EVER IN U (Yes, no, or unkown) (Ufyesgiv			organa Plott	s Riverdale,	
	18. CAUSE OF DEATH PART I. DEATH WAS IMMEDI Conditions, if any, while	CAUSED 8Y: ATE CAUSE (e) DUE TO	or line for (e), (b), end (c).	Throa	of mou	INTERVAL BETWEEN ONGET AND DEATH  THE COMMENT  THE COMMEN
	gave risa to immediate ceu (e), stating the underlyin ceuse test.	sa Dur 70				
	PART II. OTHER SIGNI  200. ACCIDENT WAS UNI  OR CONTRIBUTING  CAL  OR FITHER, NOTIFY MEDIC	FICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	/EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
)		JSE OF DEATH	ESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in E	Pert I or Pert II of item 18.)	
	20c. TIME OF INJURY Hour e.m. p.m.	WI		ACE OF INJURY (Homa, farm ctory, street, office bidg., etc.		(County) (State)
	21. I certify that (I) saw the deceased al	A/1 1.	ended the deceased from	2//C	19.6/, to	and on the date stated above.
	22a. SIGNATURE	PI	arren	1.0.	AED. STAFF	8/12/6 SIGNED
	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS	evel	ma
	23a. BURIAL, CREMATION, 2 BENEVAL 1Spacify)	3b. date thereof ug 17, 1961	Pt Lincoln			wn or county) (State); r, Md.
	24 FUNERAL DIRECTOR'S SIG	Sons H	yattsville, M	25e, REC	10 1 0 101	GISTRAR'S SIGNATURE

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Dirini and 17, 1001 Pt placels Tiestery Tracel Page 18, 15

PACE CERTIFICATION OF THE STATE OF THE STATE

- depression Flories Caverdade, Co.

**ADDRESS** 

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

24a. REC'D BY REGISTRAR

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

.C. Higinbothem, Ellicott City, Md

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	Law Harry				
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	-16- co. seg.	TO KING	ANTENAS.		
	THE STREET		es II.		

# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours death. If any y is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EYAMINED'S CEPTIFICATE OF

0916	CERTIFICATE OF	DEATH	113200
1. FLACE OF DEATH & 1 U	2. USUAL RESIDENCE (Whan		esidenca bafore admission)
Howard Maryland	a. STATE	b. COUNTY	V
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside of	orporete limits, write RURAL end	give nearest town)
write RURAL and give neerest town)			HSY
Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Washington D	.C. 18	I S DECIDENCE
C. NAME OF HOSTIAL OX HASTITOTION (II HOSPIIII, give sited address)	G. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Ilchester Road	1002 Rhode Isl		YES NO
3. NAME OF First Middle DECEASED	Last 4. DAT	E Month	Dey Yeer
(Type or print) ELLEN THOMAS	DEA	TH August 22	1961
	. DATE OF BIRTH	19. AGE (In years   IF UNDER 1	
	ay 26, 1886 1866		Peys Hours Min.
Female   Colored   WIDOWED   DIVORCED   MM  100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR		1 _95 yrs.   12 CITIS	ZEN OF WHAT COUNTRY
done during most of working life, even if retired)	The bikith Exce (Siele of foreign	(County) 12. Citiz	LEN OF WHAT COUNTRY
At Home None	Richmond Va		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Samuel Anderson	Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1		Address	
(Yas, no, or unkown) (Ifyesgivawarordatasofservice)	erta Wilson, Ilche	ston Dd Fllde	44 034 362
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	er og witte out Ticue	poet Mas Pilied	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlus	ion		Instant
DUE TO			
Conditions, if eny, which (b)			
geve rise to immediate cause (a), stating the underlying  DUE TO			
cause lest. (c)			
	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	I(e) 19. WAS AUTOPSY
			PERFORMED?
200. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED. (8	nter nature of injury in Part I or Part I	of item 18 )	YES NO
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	men nervice of injury in very tor very	of field to.j	
	CE OF INJURY (Homa, farm, 20f. ( ory, street, office bldg., atc.)	City or town) (Coun	ty) (State)
21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection	on X, Inquiry X,	and in my opinion
death resulted from: Natural causes 7, Accident 7, Suic	ide , Homicide ,	Undetermined manner	
	CHIEF MEDICAL EXAMINER		
SIGNATURE Charles S. Wintake, 17	M.D. ASSISTANT MEDICAL EXAM	AINER [	DATE SIGNED
EXAMINER'S Charles S. Whitaker	DEPUTY MEDICAL EXAMINE Address (Street, city, town,	-	8-22-61
228. BURIAL, CREMATION, 22b. DATE THEREOF 22F. NAME OF CEMETERY OF REMOVAL (Specify) 2 26 6 C ADDRESS	Morul 24a. REC'D BY REG	0/	
Vice, camerno, 61-K-S	T. MILWI, DATE MYG 2	9 - 1 - 6	- Lug

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VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9217

CERTIF	ICA	TE	OF	DE	ATH

03207

		PLACE OF DEATH  . COUNTY  MARYLAN  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	1	D. CITY OR TOWN (If autside corporate limits, write of LENGTH OF STAY IN 1)  OURAL and give negress town?  OURAL - Authority (If autside corporate limits, write of LENGTH OF STAY IN 1)  OURAL OF HOSPITAL Aff not in haspital, give street address)	d. STREET ADDRESS (e. 15 RESIDENCE
		OR INSTITUTION	ON A FARM? YES TO NO
1		NAME OF DECEASED (Type or print) FANNIE THOMPSO.	ON INEST OF DEATH Queg, 1 1961
	5. S	Filmall 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ WIDOWED DIVORCED	last birthdey) Manths Days Hours Min.
	10a.	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
1	13.	John Chomas	14. MOTHER'S MAIDEN NAME  UNENOWN
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1  (If yes, give wor or doles of service)  WORL	17. INFORMANT Shompson - Systemille mo.
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cerulus Thus	rombois, right bumplegin INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate Carline for	where attenosders s
		cause (a), stating the under lying cause last.  DUE TO  (c) Convralyted.	· Certinosilister H. D May 61
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
2	L CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I ar Part II af item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. m.         20d. INJURY OCCURRED While Not while at wark at ward at wark a	20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (City or town) (County) (State)
		21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 1961, and the	that death accurred a3.3M, from the course and an the date stated abave.
		220. SIGNATURE & Hall &	M.D. ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. ATTENDING DIRECTOR PHYS. ATTENDING DIRECTOR
		PAME (Type) HOWARD E. HAWB	5 SYKESVILLE, MD.
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL Specify 8-4-6/	Rock Sypersalle, Carroll B. md.
	24.	FUMERATORECTOR'S SIGNATURE	DATE AUG 7 '61 256, REGISTRAR'S SIGNATURE CIVILING & Primer

